

## NOSSCR MENTORSHIP PROGRAM

### MENTEE APPLICATION – NON-ATTORNEY

NAME:

Preferred e-mail:

Preferred phone number:

I certify that I am a NOSSCR member in good standing, and will remain so during the duration of this program.

I certify that I am a NON-ATTORNEY claimants' representative eligible for direct payment.

I certify that I am currently representing Social Security disability claimants on a full-time basis.

AND

I certify that I have less than 5 years experience representing Social Security disability claimants.

My firm has offices in OR I work in the following states (list ALL):

1. Please describe your work environment, providing as much detail as possible  
(specifying small/large company; urban/rural; etc.).

2. What are the individual characteristics you'd like our placement committee to consider?

3. What are the personal goals you would like to achieve, either in the program or in the immediate future?

4. In which subject matter areas are you seeking to improve your knowledge?

5. What are you looking for in a mentor?